



5FW 2663

TRANSMITTAL FORM

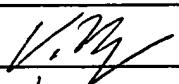
(to be used for all correspondence after initial filing)

		Application No.	09/909,542
		Filing Date	July 19, 2001
		First Named Inventor	Sheng Li
		Art Unit	2663
		Examiner Name	Feben Haile
Total Number of Pages in This Submission	14	Attorney Docket Number	3442P015

ENCLOSURES (check all that apply)

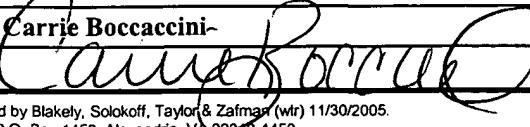
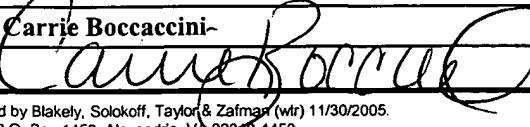
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px; width: 150px; height: 100px; margin-top: 10px;"> Return Postcard </div>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<div style="border: 1px solid black; padding: 5px; width: 450px; height: 40px; margin-top: 10px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Van N. Nguy, Reg. No. 55,851 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	3/28/06

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Carrie Boccaccini- 
Signature	
Date	March 28, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wfr) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



MAR 30 2006

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\$)** **0.00**

Complete if Known

Application Number	09/909,542
Filing Date	July 19, 2001
First Named Inventor	Sheng Li
Examiner Name	Feben Haile
Art Unit	2663
Attorney Docket No.	3442P015

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	20	20*	=	0	X	\$0.00
Independent Claims	4	4*	=	0	X	\$0.00
Multiple Dependent					=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\$)	0.00

**or number previously paid, if greater, For Reissues, see below

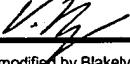
2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					0.00
SUBTOTAL (2)			(\$)	0.00	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Van N. Nguy	Registration No. (Attorney/Agent)	55,851	Telephone	(408) 720-8300
Signature				Date	3/28/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney's Docket No.: 3442.P015

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:)
Sheng Li)
U.S. Serial No: 09/909,542)
Filed: July 19, 2001)
For: Reducing The Impact Of Data)
Packet Loss)

Examiner: Feben Haile
Art Unit: 2663
Confirmation No.: 1961

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Examiner:

In response to the Office Action, mailed December 28, 2005, Applicant respectfully request the Examiner following amendment and consider the remarks below.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2006

Date of Deposit
Carrie Boccaccini

Name of Person Mailing Correspondence

Carrie Boccaccini
Signature

3/28/06
Date